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## BIB DATA SHEET

CONFIRMATION NO. 8819

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO. MYOG:004DIV1	
09/558,472	04/25/2000	514	1632		
<b>APPLICANTS</b> Michael R. Bristow, Greenwood Village, CO; Leslie A. Leinwand, Boulder, CO; Wayne Minobe, Golden, CO; Koichi Nakao, Kumamoto, JAPAN;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/016,075 01/30/1998 ABN which claims benefit of 60/036,987 01/30/1997 and claims benefit of 60/038,911 02/26/1997					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> ** SMALL ENTITY ** 07/11/2000					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /SHIN LIN CHEN/ Acknowledged Examiners Signature	<input type="checkbox"/> Met after Allowance slc Initials	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Steven L. Highlander Fulbright & Jaworski L L P 600 Congress Avenue Suite 2400 Austin, TX 78701 UNITED STATES					
<b>TITLE</b> Diagnosis and treatment of myocardial failure					
<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		